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FIELD INSPECTION & SERVICE REPORT

BioBarrier® Wastewater Treatment Systems

INSTALLATION			AUTHORIZED SERVICE PROVIDER	
Installation Address:			Name:	
Owner Name:			Street:	
Mail Address:			Mail Address:	
City	State	Zip	City	State Zip
Phone	Fax		Phone	Fax
e-mail			e-mail	
INSTALLATION INFORMATION				
Model No.	Blower Brand and Size	Serial No.	Date of Installation	Date of last pump-out
EQUIPMENT OPERATION	YES	NO	DETAILED COMMENTS OF SITE CONDITIONS – MAINTENANCE PERFORMED OR REQUIRED	
Electrical Panel(s)				
Visual Alarm Operating			LTRP (record if shown)	
Audio Alarm Operating (if present)			DFC/FCP (record)	
Blower(s):				
Air Inlet Filter Clean			Blower Status? (shown on panel)	
Blower Hood Vents Clear				
Excessive Noise				
Excessive Vibration				
Treatment Unit(s):				
Unusual Odor				
High Water Level Alarm?				
Mixing Pump Status: (shown on panel)			Filtration Pump Status? (shown on panel)	
System Vent				
Pumpout Required:				
Primary Settling Zone				
Aerobic Treatment Zone				
EFFLUENT:	LIMIT	RESULT		
Flow Rate (shown on panel)				
pH (Standard Units)	6-9 S.U.			
Color	Clear			
Temperature				
Dissolved Oxygen (effluent)	2 mg/L			
Odor	Slightly Musty odor (not septic)			
OWNER SIGNATURE		TECHNICIAN SIGNATURE	SERVICE DATE	